

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

39698
Do not use this space.

REC'D DEC 21 1938

1. PLACE OF DEATH

(a) County LINN Registration District No. 573

(b) Township FARSON CREEK Primary Registration District No. 5669

(c) City _____ (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME SARAH REBECCA WARREN

(a) Residence, No. 650 MEADVILLE MO St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF CHAS. WARREN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG. 4TH 1867

| | | | | |
|--------|-----------|----------|-----------|----------------------------------|
| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
| | <u>71</u> | <u>3</u> | <u>13</u> | |

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMERS.

9. Industry or business in which work was done, as saw mill, bank, etc. HOUSEKEEPER

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LACLEAF LINN CO. MO

FATHER

13. NAME THOMAS L. WATSON

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GLASGOW MO

MOTHER

15. MAIDEN NAME ELIZA JANE PARMS

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) REYTSVILLE MO

17. INFORMANT (ADDRESS) WILLIAM WARREN MEADVILLE MO

18. BURIAL, CREMATION, OR REMOVAL PLACE MEADVILLE MO DATE NOV. 19-38

19. FUNERAL DIRECTOR (ADDRESS) SMILEY FUNERAL HOME WHEELING MO

20. FILED NOV-19-38 Ed Weir Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-17, 1938

22. HEREBY CERTIFY, That I attended deceased from July 1st, 1934, to November 17, 1938
First saw him alive on November 17, 1938. Death is said to have occurred on the date stated above, at 4 P.M.
The principal cause of death and related causes of importance were as follows:
Acute Myocardial Failure
and associated myocardial failure.
Date of onset 11-1-38

Other contributory causes of importance: 131
Hypertension
Nephritis Chronic.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) W. S. White
459 (Address) Phillipette Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I. X12004

RECEIVED

District Health Officer No. 10

District File Number 10238-486

Date Filed 12/16/38

STATEMENT BY LICENSED EMBALMER

I, Frank L. Smiley, Licensed Embalmer No. 470

hereby certify that the body recorded on the reverse side of this certificate was embalmed by ME

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Frank L. Smiley

Licensed Embalmer No. 470

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)